SALMON RIVER CENTRAL SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

Entering Grade:_____ Today's Date:_____

School Entering: ____ St. Regis Mohawk School ____ Salmon River Elementary ____ Salmon River High School
____ Salmon River Middle School

Has student ever attended Salmon River Central before? ____ yes ____ no

If yes, what building? ____ St. Regis Mohawk School _____ Salmon River Elementary
____ Salmon River Middle School _____ Salmon River High School

STUDENT INFORMATION:

Last Name:_____ First Name: _____ Middle Name:_____

Gender: ____ Male ____ Female First IPV shot: _____

Birth Date: _____ Birthplace (City/State):_____

_____
911 Residence Address City Zip

_____
Mailing Address (if different from above) City Zip

Home Phone No._____ ____ Listed ____ Unlisted

Ethnicity: (check all that apply)
____ Native American/Alaskan Indian
____ Asian
____ Hawaiian/Pacific Islander
____ White/Caucasian
____ Black/African American
____ Hispanic/Spanish

PARENT/GUARDIAN INFORMATION:

MOTHER:_____ Home Phone:(____)_____ Cell Phone:(____)_____
☐ Does **NOT** receive school mailings Work Phone:(____)_____

_____
911 Residence Address City Zip

_____
Mailing Address (if different from above) City Zip

_____
E-mail Address

Employer:_____

FATHER:_____ Home Phone:(____)_____ Cell Phone:(____)_____
☐ Does **NOT** receive school mailings Work Phone:(____)_____

_____
911 Residence Address City Zip

_____
Mailing Address (if different from above) City Zip

_____
E-mail Address

Employer:_____

STEP PARENT:_____ Cell phone: (_____)_____

Employer:_____ Work Phone: (_____)_____

LEGAL GUARDIAN(s):_____ Home Phone:(____)_____ Cell Phone:(____)_____
(if applicable; other than biological parent) Work Phone:(____)_____

_____
911 Residence Address City Zip

_____
Mailing Address (if different from above) City Zip

_____
E-mail Address

Employer:_____

Student lives with: ____ Both parents-one home ____ Both parents-both homes ____Mother only
____ Father only ____ Mother/Stepfather ____Father/Stepmother
____ Legal Guardian(s) ____ Other, specify: _____

Legal Custody (check all that apply):

____ Court Order on file ____ Sole Physical Custody/Placement with_____
____ Joint Custody between_____ ____ Shared Placement between _____
____ Primary Placement with_____ ____ Legal Guardian

Other children in family:
Name:_____ DOB:_____ Grade:_____
Name:_____ DOB:_____ Grade:_____
Name:_____ DOB:_____ Grade:_____
Name:_____ DOB:_____ Grade:_____

EMERGENCY CONTACTS (person to call if parent/guardian cannot be reached):

Name/Relationship_____ Phone:(____)_____
Name/Relationship_____ Phone:(____)_____
Name/Relationship_____ Phone:(____)_____

PREVIOUS SCHOOL INFORMATION:

Previous School (name/address):_____ Last date of attendance:_____
_____ (at previous school)
_____
_____ Last grade completed:_____
Previous School phone number: _____ (at previous school)

Has your child ever been retained? _____ If so, what grade? _____

Does your child speak and understand English? _____ If you answered no, please request a Home Language Questionnaire.

Special services your child received at previous school (check all that apply):
____ Speech ____ Special Ed. (IEP) ____ 504 Plan ____ Other
____ Title I ____ Counseling ____ Resource Room

****

Office Use Only:

Date of Entry: _____ First IPV: _____
Student ID No.: _____ Free/Reduced Lunch App completed: _____
Homeroom: _____ Sent For: _____
Bus No.: _____ Received: _____

Health History Form

Student Name_____ Grade____ Medical Provider_____

Note: For medication questions, mark the "yes" box only if child is taking medication *now*.
Note: NYS requires a medical provider order and parental permission filled in the Nursing Office for all medications that are administered at school or hand carried by a student.

Check next to any condition or illness that applies to your child:

1.	☐ **Allergies:** ☐ Food_____ ☐ Medication_____ ☐ Wasp stings ☐ Bee stings ☐ Other allergies_____ **Specify reaction to allergy or allergen:** ☐ Rash ☐ Swelling ☐ Hives ☐ Trouble breathing ☐ Vomiting ☐ Diarrhea ☐ Local reaction ☐ Takes medication for any allergies List medication(s)_____
2.	☐ **Asthma** List triggers_____ Diagnosed at age_____ ☐ Takes medication for asthma List medication(s)_____ Under medical provider care now for asthma ☐ Yes ☐ No
3.	☐ **Attention Deficit/Hyperactivity Disorder (ADD/ADHD) diagnosed by medical provider** Diagnosed at age_____ ☐ Takes medications List medication(s)_____
4.	☐ **Diabetes** ☐ Type 1 ☐ Type 2 ☐ Hypoglycemia (low blood sugar) Diagnosed at age_____ ☐ Takes medication for ☐ Diabetes ☐ Hypoglycemia List medication(s)_____ Under medical provider care now for ☐ Diabetes ☐ Hypoglycemia
5.	☐ **Digestive disorders** ☐ Lactose intolerance ☐ Constipation ☐ Other_____ List medication(s)_____
6.	☐ **Headaches** ☐ Migraines Under medical provider's care for this condition ☐ Yes ☐ No ☐ Takes medications List medication(s)_____
7.	☐ **Head injury/concussion** Month/Year_____ Explanation_____
8.	☐ **Hearing trouble** ☐ Uses hearing aid Explanation_____
9.	☐ **Heart conditions** Explanation_____ Under medical provider care now for a heart condition ☐ Yes ☐ No Physical restrictions ☐ Yes ☐ No **(Need a medical provider note if student has restrictions)**
10.	☐ **High blood pressure (Hypertension)** Under medical provider care now for high blood pressure ☐ Yes ☐ No ☐ Takes medications List medication(s)_____
11.	☐ **Kidney or bladder disorder** Explanation_____
12.	☐ **Muscle/bone/mobility disorder** Explanation_____ Physical restrictions ☐ Yes ☐ No **(Need a medical provider note if student has restrictions)**
13.	☐ **Psychiatric diagnosis by a medical provider** Explanation_____ ☐ Takes medications List medication(s)_____
14.	☐ **Seizure Disorder** Under medical provider care now for seizures ☐ Yes ☐ No How long ago was the last seizure?_____ Diagnosed at age_____ ☐ Takes medications List medication(s)_____
15.	☐ **Surgery within last year or serious illness** Give date and explanation_____
16.	☐ **Vision problems** ☐ Wears glasses/contacts Explanation_____
17.	**Will your child be taking medication(s) during school hours?** ☐ Yes ☐ No **(If yes, contact school nurse)**
18.	☐ **MY CHILD DOES NOT HAVE ANY OF THE LISTED CONDITIONS OR ILLNESSES**
19.	**If your child is entering Pre-K, are they completely toilet trained?** ☐ Yes ☐ No

Comments or other health information_____
_____

Parent/Guardian Signature_____ Date_____

Health and Social Development

The following information should be given as accurately as possible to help us better understand your child.

1. Does your child have any known physical conditions?_____

If so, please describe_____

2. Does your child need to have physical activities limited for any reason?_____

If so, please describe_____
(If you answered yes, please send a statement from your physician to the office.)

3. Has your child ever been hospitalized? _____ If so, why? _____

4. Has your child ever experienced a severe emotional shock? (Auto accident, death, family upset, etc.) _____ If so, please describe_____

---

5. What type of discipline do you consider most successful with this child? _____

---

6. How does this child respond to discipline?_____

7. Please check any of the following symptoms which have been noted recently:

□ 4 or more colds each year	□ frequent sore throat	□ blurred vision
□ running ears	□ frequent nose bleeds	□ tires easily
□ dizziness	□ fainting spells	□ abdominal pains
□ frequent pain in legs & joints	□ night sweats	□ hard of hearing

8. Please check which of the following you observe in your child:

□ nail biting	□ thumb sucking	□ bed wetting
□ happy disposition	□ orderly	□ helpful around the house
□ selfish	□ worries a great deal	□ has many fears
□ is self-reliant	□ dependable	□ likes to play with others
□ becomes easily discouraged	□ excitable	□ angers easily
□ very easy to manage	□ thoughtful of family members	□ is generous with playmates

9. At what times does he/she go to bed? _____ What time does he/she get up? _____

10. Does he/she rest during the day? _____ What time? _____

11. Were there any complications or difficulties during the delivery of this child? _____

_____

Pre-K Lead Screening

_____ _____

Student's Name **DOB**

A blood test for the presence of lead is REQUIRED for all students entering Pre-Kindergarten.

_____ **My child has had lead screening**

_____ **Proof Provided**

_____ **My child has NOT had lead screening**

_____ **I have been given educational materials regarding lead poisoning and screening**

_____ _____

Parent Signature Date

IMPORTANT NOTICE TO PARENTS/PERSONS IN PARENTAL RELATION
OF STUDENTS WITH
LIFE-THREATENING HEALTH CONDITIONS

Definition of a life-threatening health condition: A condition, including a known allergy, that will put the child in danger of death during the school day if a medication or treatment order is not in place (for example, food or substance allergy, asthma, diabetes, seizure disorder, etc.)

If your child has a **MEDICALLY DOCUMENTED,** life-threatening health condition, the appropriate forms and any additional information you or the licensed health provider would like to share must be completed and returned to the School for review and approval by the School Nurse as soon as possible. Please *immediately* contact the School Nurse at the Health Office for:

- ***Student Emergency Care Plan*** for the student's specific health condition. This plan must be signed by the parent and physician
- ***Authorization for Administration of Medication in School*** form which must include physician's orders
- ***Self–Medication Release Form***

Reminder:

It is the parent's/person in parental relation's responsibility to alert other school programs (such as Latch Key, Cafeteria, classroom teacher etc.) that their child has a health condition and/or a care plan in place.

Please immediately report any changes needed in emergency contact information, medication, health status, etc. to the School Health Office. Keeping your child's information up to date is necessary in the event of a medical emergency.

The following is a list of Salmon River Health Office contact numbers:
Salmon River High School and Middle School, Gisele Hance: 358-6625
Salmon River Elementary, Melanie Cunningham: 358-6673
St. Regis Mohawk School, Tanya Lockwood: 358-2763

If you have any questions or concerns, please contact the School Nurse assigned to your child's school. Thank you for your assistance in helping us provide a safe school experience for your child.

I acknowledge receipt of this form and that I have read and understand my responsibility to notify the School of any life–threatening health conditions for my child.

☐ My child does not have a life-threatening health condition

Parent signature_____ Date_____

Nurse's signature_____ Date_____

Pre-K & Kindergarten Health Information

Student's Name_____ Gender_____

Date of birth_____ Place of birth_____

Mother_____ Mother's maiden name_____

Father_____

Child lives with_____

Names of other adults in home_____

Child's physician_____

Hospital preferred_____

Developmental History:

Length of pregnancy _____weeks Premature? _____ Birth weight _____ C-section? _____

Any problems with pregnancy, labor and delivery or shortly after birth (bleeding, infections, diabetes, breathing problems, seizures, jaundice, etc)? _____

Any problems with nightmares, temper tantrums or phobias (please describe)?_____

Vision:

Has your child had a professional vision exam? _____ If so, when? _____

Please answer yes or no to the following regarding any complains or anything you have noticed:
Complaints of headaches_____
Burning or itching eyes_____
Sensitive to light_____
Squinting_____
Covering or closing one eye_____
Does your child currently wear glasses? _____

Hearing:

Has your child had a professional hearing examination? _____ If so, when? _____

Please answer yes or no to the following regarding any complaints or anything you have noticed:
Is there a history of frequent ear infections? _____
Does your child have P.E. tubes? _____
Do you have any concerns regarding your child's hearing? _____ If so, please explain: _____

Are there any other health concerns or issues? _____

Please check yes or no to the following information and add any pertinent information:

Serious head injury	□ Yes □ No	Joint pain/swelling	□ Yes □ No
Loss of consciousness	□ Yes □ No	Limits of movement	□ Yes □ No
"Lazy eye"	□ Yes □ No	Fracture	□ Yes □ No
Glasses	□ Yes □ No	Coordination problems	□ Yes □ No
Ear infections	□ Yes □ No	Hospitalizations	□ Yes □ No
Tubes in ears	□ Yes □ No	Operations	□ Yes □ No
Hearing loss	□ Yes □ No	Birth defects	□ Yes □ No
Throat infections	□ Yes □ No	Illness with fever	□ Yes □ No
Heart murmurs	□ Yes □ No	Seizures	□ Yes □ No
Irregular heartbeat	□ Yes □ No	Staring spells	□ Yes □ No
Asthma	□ Yes □ No	Allergies	□ Yes □ No
Bronchitis/pneumonia	□ Yes □ No	Skin conditions	□ Yes □ No
Thyroid disease	□ Yes □ No	Chicken pox	□ Yes □ No
Bladder infections	□ Yes □ No	Mono	□ Yes □ No
Kidney disease	□ Yes □ No	Tuberculosis in family	□ Yes □ No
Bedwetting	□ Yes □ No	Diabetes	□ Yes □ No
Fecal soiling	□ Yes □ No	Hepatitis Type ____	□ Yes □ No
Undescended/one testicle	□ Yes □ No	Speech problems	□ Yes □ No
Other illness	□ Yes □ No	Emotional problems	□ Yes □ No

If "yes" to any of the above, please specify (please include dates, specific diagnoses and medications):

_____

_____

Will your child need medication at school? _____ If yes, please specify name of medication, times needed and reason he/she takes medication (please refer to school policy for taking medication in school):

_____

Salmon River Central School
Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

Student Name: Last, First, Middle:	
Date of Birth (Month/Day/Year):	Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1), check the box that best describes your child. Check only ONE box]

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

- ☐ YES, Hispanic
- ☐ NO, not Hispanic

2. Select one or more races from the following five racial groups [For question (2), check all groups that apply to your child; check **at least** ONE box.]:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ _____

Signature of Parent/Guardian/Other Date

Relationship to student: ☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify):_____

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

To the parent/guardian: The Salmon River Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Salmon River Central School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the state and federal education departments.
- Plan educational programs and make sure they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the racial/ethnic definitions on the back of this page. Put a check (√) in the box for the category or categories which best describe your child. The Salmon River Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To school staff: This form will be filed in the student's permanent record as confidential information.

To the parent/guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form on the reverse side of this page

SALMON RIVER CENTRAL SCHOOL DISTRICT
637 COUNTY ROUTE 1
FORT COVINGTON, NY
12937

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize: (name & address of previous school):

_____

_____

_____

_____

to release/receive all confidential information from the records of:

Student's Name Date of Birth Grade Level

_____

Please send to: Salmon Central School
637 County Route 1
Fort Covington, NY 12937
Fax (518) 358-6325

The confidential information includes:

- Immunization records
- Health records
- Psychological records
- Academic records
- Committee on Special Education information
- Birth Certificate
- Attendance
- Discipline records
- NYS Test Scores
- STAR Test Scores

Due to very strict New York State regulations, we must have this information on any student who attends Salmon River Central School.

We appreciate your cooperation in this very important matter.

_____

(Signature of Parent/Guardian) (Date)

ANGELA ROBERT
ASST' SUPERINTENDENT OF CURRICULUM & INSTRUCTION
(518)358-6689

Salmon River Central School District

HOUSING QUESTIONNAIRE

Name of District/LEA: _____

Name of Building/School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____ /____ /____ Grade: ____
Month Day Year (preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (*Please check **one** box.*)

☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

_____ _____
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____
Date

OMB Number: 1810-0021 Expiration Date: 07/31/2019

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program**. This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

_____ Federally Recognized
_____ State Recognized
_____ Terminated Tribe (Documentation required. Must attach to form)
_____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____State _____Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____State _____Zip Code _____

Email Address _____ Date _____

OMB Number: 1810-0021 Expiration Date: 07/31/2019

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized**- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe**-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group**- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.